

January 2003



A Guide to Basic Health *Plus* and the Maternity Benefits Program

**DSHS Medical Assistance Administration
and Basic Health**

If you have questions, call DSHS Medical Assistance Helpline
at 1-800-562-3022.

The TTY/TDD number is 1-800-848-5429
(for people who have difficulties with hearing or speech).

HCA 22-407 (1/03)

If this information is not in English, please call 1-800-660-9840. The TTY/TDD line is 1-888-923-5622 (only for people who have difficulties with hearing or speech; your phone must be equipped to use this line).

ENGLISH

ይህ መረጃ በአማርኛ ካልተጻፈ፣ 1-800-660-9840 ይደውሉ። የ TTY/TDD መስመር 1-888-923-5622 ነው (የመስማት ወይም የመናገር ችግር ላላቸው ሰዎች ብቻ። ይህንን መስመር ለመጠቀም፣ ቲሌፎንዎ አስፈላጊውን መሳሪያ እንዲኖረው ያስፈልጋል)።

AMHARIC

በዝግጅት ውስጥ የሚገኝ የሰነድ መረጃ 1-800-660-9840 ላይ ማግኘት ይቻላል። TTY/TDD መስመር 1-888-923-5622 (የሰነድ መረጃ ለሰዎች ብቻ። ይህንን መስመር ለመጠቀም፣ ቲሌፎንዎ አስፈላጊውን መሳሪያ እንዲኖረው ያስፈልጋል)።

CAMBODIAN

若此資訊不是中文，請電 1-800-660-9840。聾啞人士 TTY/TDD 專線，號碼是 1-888-923-5622（僅供有聽力和語言障礙的人士使用；要使用這一專線，您的電話機必須有專門的設備）。

CHINESE

اگر این اطلاعات به زبان فارسی نیست، لطفاً با شماره 1-800-660-9840 تماس بگیرید. شماره تلفن 1-888-923-5622 برای استفاده خط TTY/TDD میباشد (تنها برای افرادی که مشکل شنوایی یا تکلم دارند، تلفن شما باید با دستگاه مخصوص مجهز باشد)

FARSI

Yog cov ntaub ntawv no tsis muaj ntawv Hmoob, thov hu xovtooj rau 1-800-660-9840. Tus xovtooj rau TTY/TDD yog 1-888-923-5622 (tus xovtooj no yog rau cov uas nws muaj teeb meem tsis hnov lus lossis muaj teeb meem txog ntawm kev hais lus; koj yuav tsum siv lub xovtooj uas ntaus tau rau yam no).

HMONG

No daytoy nga Impormasyon wenno pakaammo ket saan a naisurat ti llokano, pangngaasim ta awagam ti numero 1-800-660-9840. Ti makunkuna a TTY/TDD a linya ti telepono ket 1-888-923-5622 (para kadagiti tattao nga marigatan wenno nakapsut ti pinagdengngeg da wenno pinagsao da; dayta teleponom ket masapul nga maaddaan ti aparato nga kasta tapno mausar dayta a linya.)

ILOCANO

해당 정보가 한국어로 제공되지 않았으면 1-800-660-9840로 전화주십시오. TTY/TDD라인은 1-888-923-5622입니다(이 라인은 청각 및 언어장애자 전용임으로 그에 필요한 설비가 갖추어 있어야지만 사용할 수 있습니다).

KOREAN

ຖ້າຂໍ້ມູນນີ້ບໍ່ແມ່ນພາສາລາວ, ໃຫ້ໂທ 1-800-660-9840. ສາຍໂທເສັ້ນສຽງຄະຫຼອດ/ຕາແມ່ນ 1-888-923-5622 (ສະເພາະ ແຕ່ຜູ້ມີຄວາມຫຍຸ້ງຍາກດ້ານການໄດ້ຍິນ ຫລື ປາກເວົ້າ; ໂທສະສັບຂອງທ່ານຈະຕ້ອງປະກອບເຄື່ອງສໍາຮັບໂທສາຍນີ້ໂດຍສະເພາະ).

LAOTIAN

Yoo Odeeffannoon kun Afaan Oromootin miti ta'e lakkofsa 1-800-660-9840 bilbila. Lakkofsi bilbila [TTY/TDD] 1-888-923-5622 dha (kun kan fayyadu warra dhibee dhagahuf dubbachu qaban qofa; itti bilbilufis bilbilli keessan meesha addaa isa barbaachisa).

OROMO

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਪੰਜਾਬੀ ਵਿਚ ਨਹੀਂ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-660-9840 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। TTY/TDD ਲਾਈਨ ਦਾ ਨੰਬਰ 1-888-923-5622 ਹੈ (ਇਹ ਲਾਈਨ ਕੇਵਲ ਉਹਨਾਂ ਲੋਕਾਂ ਲਈ ਹੈ ਜਿਨ੍ਹਾਂ ਨੂੰ ਸੁਣਨ ਜਾਂ ਬੋਲਣ ਵਿਚ ਕਠਨਾਈ ਹੁੰਦੀ ਹੈ; ਇਸ ਲਾਈਨ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੇ ਫੋਨ ਵਿਚ ਖਾਸ ਸਾਜ਼-ਸਮਾਨ ਲੱਗਿਆ ਹੋਣਾ ਜ਼ਰੂਰੀ ਹੈ)।

PUNJABI

Dacă aceste informații nu sunt în limba română, vă rugăm să telefonați la 1-800-660-9840. Numărul de telefon pentru persoanele cu deficiențe de vorbire sau de auz este 1-888-923-5622 (pentru a folosi această linie telefonică, telefonul dvs. trebuie să fie dotat cu un dispozitiv special).

ROMANIAN

Если данная информация не представлена на русском языке, пожалуйста, позвоните по телефону 1-800-660-9840. Телефонная линия службы TTY/TDD: 1-888-923-5622 (только для лиц с нарушениями слуха или речи; чтобы работать с этой линией, ваш телефон должен быть оснащен специальным оборудованием).

RUSSIAN

Afai e le fa'aSamoaia ia upu fa'a'ailoa, fa'amolemole vala'au ile 1-800-660-9840. Ole TTY/TDD laini e 1-888-923-5622 (mo tagata e leaga latou fa'alogo po'o le tautala, o lau telefoni e tatau ona aoga mo lea ituaiga laini).

SAMOAN

Ako ove informacije nisu na srpskohrvatskom, nazovite 1-800-660-9840. TTY/TDD linija je 1-888-923-5622 (samo za ljude koji imaju poteškoće sa sluhom ili govorom; vaš telefon mora biti opremljen za korištenje ove linije).

SERBO-CROATIAN

Haddii warkanu uusan ku qorneyn af Soomaali, fadlan wac 1-800-660-9840. Khadka TTY/TDD waa 1-888-923-5622 (waxaana loogu talagalay oo keliya dadka xagga maqalka iyo hadalka dhibaataada ka qaba; telefoonkaagu waa inuu u qalabaysan yahay si aad u isticmaasho khadkan).

SOMALI

Si esta información no está en español, llame al 1-800-660-9840. La línea TTY/TDD es 1-888-923-5622 (solamente para personas con dificultades auditivas o del habla; su teléfono debe estar equipado para el uso de esta línea).

SPANISH

Kung ang impormasyon na ito ay hindi nasa Tagalog, mangyaring tumawag sa 1-800-660-9840. Ang linya ng TTY/TDD ay 1-888-923-5622 (para lamang sa mga taong may kahirapan sa pandinig o pagsasalita; ang inyong telepono ay kailangang naangkop upang magamit itong linyang ito).

TAGALOG

እዚ መረጃ እቲ ብትግርኛ ተጻሒፉ እንተዘይረኺብኩዮ፣ 1-800-660-9840 ደውል። ናይ TTY/TDD መስመር 1-888-923-5622 እዩ (ናይ ምስማዕ ወይ ምዝራብ ጸገም ንዘለዎም ሰባት ጥራሕ እዩ። በዚ መስመር ንክትጥቀም፣ ቴሌፎንካ ፍሉይ ዝኾነ መሳርሒ ክህልዎ ይግባእ)።

TIGRIGNA

Якщо ця інформація не на українській мові, будь ласка телефонуйте за номером 1-800-660-9840. Телефон лінії TTY/TDD: 1-888-923-5622 (тільки для тих людей, які мають послаблений слух чи дефекти мовлення). Для того, щоб ви могли користуватися цією лінією, до вашого телефона мусить бути підключене спеціальне обладнання).

UKRAINIAN

Nếu những tin tức này không phải bằng tiếng Việt, xin gọi số 1-800-660-9840. Đường dây dành cho TTY/TDD là 1-888-923-5622 (chỉ dành cho người bị lãng tai hoặc bị trở ngại về nói; điện thoại của quý vị phải được trang bị để có thể dùng đường dây này).

VIETNAMESE

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Visit the Medical Assistance website for more information at: <http://fortress.wa.gov/dshs/maa/>
or the Basic Health website at: <http://www.basichealth.wa.gov>

To find doctors and other medical providers and the health plans they belong to,
check out the IPND website at <http://fortress.wa.gov/dshs/maa/ipndweb/>

What is Basic Health *Plus*?

Basic Health *Plus* is a Medicaid program for children under 19 in low-income households who are Basic Health members and meet the income guidelines for Medicaid. This program allows you to get extra services such as dental and eyeglasses not covered by Basic Health. The Department of Social and Health Services (DSHS) determines eligibility for Basic Health *Plus*. If you are eligible for Basic Health *Plus*, you will get letters and a monthly medical ID card from DSHS (see page 3). Basic Health will send you information about your managed care health plan.

What is the Maternity Benefits Program?

The Maternity Benefits Program is a Medicaid program for pregnant women who are Basic Health members and meet the income guidelines for Medicaid. This program also allows you to get extra services not covered by Basic Health as well as no co-pays, no premiums and no waiting for pre-existing conditions. If you are pregnant, call Basic Health at 1-800-660-9840 for a Maternity Benefits Program application. As with Basic Health *Plus*, DSHS determines eligibility for the program. If you are eligible for the Maternity Benefits Program, you will get letters and a monthly medical ID card from DSHS (see page 3).

How do you get your health care?

In most cases you will get your care from a Basic Health managed care health plan. When first eligible for Basic Health *Plus* you are not in a managed care health plan because it takes a while to get signed up with the plan you chose through Basic Health. Until that time, DSHS will pay for your medical care using your DSHS medical ID card (see page 3). Because Basic Health *Plus* and the Maternity Benefits Program are Medicaid programs, you are also eligible for extra benefits that may not be covered by Basic Health but paid for by DSHS (see page 4 for a list of the extra benefits).

Do you have to be in a health plan?

Yes – As a Basic Health *Plus* or Maternity Benefits Program member you must be in a Basic Health managed care health plan (see page 2 for information about managed care health plans).

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

Si desea ayuda en español, llame al 1-800-321-0291. Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224.
한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오. Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.

Information about managed care health plans

Does everyone in your family have to be in the same health plan?

Yes. There are a few exceptions. These include children with special health care needs, and families with members who are American Indian or Alaska Native. Please call the Medical Assistance Helpline at 1-800-562-3022 for specific information about these exceptions (see page 9 for more information).

When you're in a health plan, can you go to any doctor or hospital that you want?

No. Each health plan has certain doctors and other medical providers you must use. Most of the plans also have certain hospitals and pharmacies you must use. When you are in a health plan, the hospitals you can use also depend on which hospitals your doctor uses. Call your plan's customer service line for more information about their doctors, hospitals and pharmacies.

Will one health care professional take care of most of your health care needs?

Yes. For most of your care, you will go to a medical professional, a doctor, nurse practitioner, or physician assistant, called a Primary Care Provider (PCP). If you need care from a specialist, your PCP will help you find the right specialist and give you a referral.

Can you and others on your medical ID card have different PCPs?

Yes. While you and your family must be in the same health plan, you can have different PCPs. Of course, all of the PCPs must work with your health plan.

What is fee-for-service?

Fee-for-service means that you can see any doctor who will take your DSHS medical ID card and will bill DSHS for your care. Since Basic Health *Plus* or Maternity Benefits Program are Medicaid programs, DSHS will pay for some services, such as dental care and eyeglasses, that your health plan will not pay for. You can find a list of these services on page 4. Remember - it is not always easy to find providers who will take your DSHS medical ID card and bill DSHS for your care.


TIP – One way to find providers that are in managed care health plans is to search the provider directory at <http://fortress.wa.gov/dshs/maa/ipndweb/>.

DSHS medical ID card

When you are a Basic Health *Plus* or Maternity Benefits Program member, you will get a new green and white DSHS medical ID card each month. Your medical ID card tells doctors and other medical providers what medical services you can get. Please check every month to make sure it has the right information. For example, make sure your name and address are correct and the managed care health plan you get care from is right. You will need to show your medical ID card *everytime* you get medical care or services and when you get prescriptions.

Your card is good for these dates. If you don't get your card in the first week of the month call us at 800-562-3022 right away.

Please read the back of this card.

 **MEDICAL IDENTIFICATION CARD**
This Card Valid From: 10-01-02
To: 10-31-02

Patient Identification Code (PIC)				Medical Coverage Information						
Initials	Birthrate	Last Name	TB	Insurance	HMO	Detox	Restriction	Hospice	DD Client	Other
JQ RC	010171 121299	PUBLI PUBLI	A A							

John Q. Public
123 Main St
Anytown, WA 98999

CNP
076 007308084
1-800-555-1234 PLAN NAME
L0000999 * 112234B

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE
DSHS 13-030 Issues (04/95)

SIGNATURE (Not Valid Unless Signed)

If you move, you may have to change how you get your health care. Call Basic Health at 800-660-9840 and they will help if you need to change health plans.

Your health plan's initials and phone number are in these two places.

Health plan ID card

When you are enrolled in a managed care health plan, you will also get an ID card from the health plan. As a Basic Health *Plus* or Maternity Benefits Program member you will need both your DSHS medical ID card and your health plan ID card for medical appointments and prescriptions. If you need care before you get your plan card, call the Medical Assistance helpline at 1-800-562-3022.

Benefits and services covered by the health plans

The following benefits and services are covered by the health plans. Your health plan may cover more services than the ones listed below and may require you to get a referral or prior approval for some of their services. All services must be medically necessary. Call your health plan's customer service line for more information.

- Ambulance
- Blood and blood products
- Chiropractic care (for children)
- Dialysis
- Eye exams
- Family planning
- Health education for diabetes and heart disease
- Home health and hospice care
- Hospital care (including inpatient, and outpatient services)
- Immunizations (shots)
- Lab and X-ray services
- Maternity care
- Medical supplies & equipment
- Mental Health services (*Call your health plan for specific information*)
- Office visits
- Oxygen/Respiratory therapy
- Pharmacy/Prescriptions
- Physical, occupational, & speech therapy
- Specialty care
- Surgery in a hospital or in an ambulatory surgery center
- Smoking cessation for pregnant women
- Tissue and organ transplants
- Urgent care
- Well child checkups

Benefits and services covered by DSHS

The following benefits and services are covered by DSHS. Your health plan will not pay for these services. You **must** use your DSHS medical ID card to get these services and find a provider who will bill DSHS for payment. Some of these services are available through your local health department or a family planning clinic.

- Dental care with limited orthodontics
- Eyeglasses and fitting services
- First Steps services including: Maternity Support Services and Maternity Care Case Management
- Gastropasty
- Genetic counseling (prenatal only)
- Hearing aids
- Interpreter services for medical visits
- Mental health services (Inpatient psychiatric care, Outpatient services at Community Mental Health Centers and medication management)
- Neurodevelopmental services at DSHS approved centers
- School Medical Services for special needs students
- Sterilizations when under age 21
- Substance abuse services including detox for alcohol and drugs
- Transportation to and from medical appointments other than Ambulance
- Voluntary pregnancy terminations

Benefits and services covered by other state agencies

You can get the following benefits and services from your managed care health plan or you can go directly to your local health department or family planning clinic.

- Family Planning services and birth control
- HIV and AIDS testing
- Immunizations
- Sexually transmitted disease treatment and follow-up care
- TB screening and follow-up care
- Women, Infants, and Children (WIC) program (**only** at the local health department)

Benefits and services NOT covered by DSHS or the health plans

Some benefits and services are not covered by the health plans or by DSHS. If you get these services you may have to pay for them yourself. Call the your health plan's customer service line or the Medical Assistance helpline for more information.

- Biofeedback therapy
- Court-ordered services
- Diagnosis and Treatment of infertility, impotence, and sexual dysfunction
- Experimental and Investigational Treatment or Services
- Immunizations for international travel
- Medical services while in jail
- Medical exams for Social Security Disability
- Orthoptic (eye training) care for eye conditions
- Personal comfort items
- Physical exams needed for employment, insurance, or licensing
- Plastic surgery for cosmetic reasons
- Reversal of voluntary surgical sterilizations

Emergencies and medical care away from home

Emergency care

An emergency is when someone thinks they have a serious medical problem and needs care right away—when someone might die or be disabled if they don't get care right away. If you think you have an emergency no matter where you are, call 911 or go to an emergency room.

Medical care away from home

If you don't think you have an emergency, but you need to see a doctor while you are away from home, call your Primary Care Provider or your health plan and they will help you get the care you need.

Your Rights and Responsibilities

You have the right to:

- Help make decisions about your health care
- Get information about:
 - Your care
 - Your doctor and how referrals are made
 - How the health plan pays for care, including visits to specialists and other providers (please call your health plan's customer service line to ask for this information)
 - All options for care and why you are getting certain kinds of care
 - Your health plan
 - Covered services
- Be treated with respect - Discrimination is prohibited in all programs and activities. No one shall be excluded on the basis of race, color, national origin, sex, age, religion, creed, or disability.
- Have your records and information about your care kept confidential
- Make complaints

You have the responsibility to:

- Help make decisions about your health care
- Give your doctors the best information you can about your health so they may help you get the care you need
- Follow your doctor's instructions about your health care
- Learn about your health plan and what services are covered
- Use health services when you need them
- Keep appointments and be on time. Call the office if you are going to be late or have to cancel the appointment
- Show your doctors the same respect you expect from them

Advance Directives

In case you are unable to make medical decisions about your care, it is a good idea to let your wishes be known ahead of time. This is usually done through Advance Directives. There are two kinds of Advance Directives:

1. *Durable Power of Attorney for Health Care* – This names another person to make medical decisions for you if you are not able to make them for yourself.
2. *Directive to Physicians (Living Will)* – This is a written statement to your physicians that you want to die naturally and do not want to have treatment that will prolong your life.

If you have any questions about Advance Directives please call your health plan's customer service line.

Women's Health Care Act

Washington State law allows women who are enrolled in a managed care health plan to go to a women's health care specialist within the health plan's network of providers without a referral from their Primary Care Provider. If you have any questions about women's health care access please call your health plan's customer service line.

Complaints and Appeals

If there is a problem with your medical care, we suggest you talk with your doctor first. If that doesn't work call your health plan to file a complaint. If the problem still isn't solved, call the Medical Assistance helpline at 1-800-562-3022.

The information below is only a summary. If you would like a copy of the complete complaints and appeals process, call your health plan's customer service line and ask for a copy.

Complaints are concerns about the health plan. This might be a problem at the doctor's office, waiting times for appointments, receiving bills for services or your health plan's network of doctors. Complaints should be answered by the health plan within 30 calendar days.

Appeals are concerns about a service or payment denial, or your request to the health plan for a review of the answer to your complaint. The health plan will look at your appeal and must send you an answer within 30 calendar days. Some health plans have a second review process. If you disagree with the answer from a first appeal or if the health plan misses the deadline for getting back to you, you may ask for a second review.

Independent review

If you still disagree with the second review, you can ask for an independent review by contacting your health plan.

Expedited (fast, 72 hour) appeals

If your doctor or other provider says that a delay may harm your health, the health plan must decide on your appeal within 72 hours after they receive the request.

Your right to a fair hearing

You have a right to ask for a fair hearing at any time when the health plan or DSHS denies, ends, or limits your medical care. You can do this by talking with the Fair Hearing Coordinator at your local DSHS Community Services Office or by calling the state Office of Administrative Hearings at 1-800-583-8271. You can also send a letter to ask for a fair hearing to the address below:

Office of Administrative Hearings
P.O. Box 42489
Olympia, WA 98504-2489

Changing how you get your health care

As a Basic Health *Plus* or Maternity Benefits Program member you get your care through a Basic Health plan in the county where you live. Getting health care through Basic Health's managed care health plan for some Basic Health *Plus* or the Maternity Benefits Program members may not be the best way. When you are a Basic Health *Plus* or Maternity Benefits Program member you are also a Medicaid client.

As a Medicaid client you may want to get your health care from a DSHS Medicaid program. Depending on what health plans are in your county, you may choose a DSHS Healthy Options managed care health plan or the DSHS fee-for-service program. Below is a list of possible reasons you may choose not to be in Basic Health and get your health care through a DSHS Medicaid program.

If you or another Basic Health *Plus* or Maternity Benefits Program family member:

- **is American Indian or Alaska Native** - you are *not required* to be in a health plan. (See page 10 for more information).
- **has other insurance** – you may not have to be in a health plan. Call the Medical Assistance Coordination of Benefits helpline at 1-800-562-6136 with your other private insurance information.
- **is a child with special health care needs** and getting services through your county's *Children with Special Health Care Needs Program*.
- **is a child in foster care** – you are not required to be in a health plan.
- **are homeless** and you think you will live in a shelter or temporary address for a short time (less than four months) you may not have to be in a health plan.
- **are pregnant** and have been getting your prenatal care from a doctor or other medical provider who is not with your health plan.
- **are seeing a doctor or other medical provider who is not with your health plan** and this doctor tells us the medical reasons why you need to keep getting your care from him or her.
- **are deaf or hearing impaired** and want to see a doctor or other medical provider who knows sign language, and this doctor is not with your health plan.
- **don't speak English well** and you want to see a doctor or other medical provider who speaks your language and this doctor is not with your health plan.
- **is signed up with a managed care health plan, and the nearest health plan doctor is more than 25 miles away, or it takes you more than 45 minutes to get there.** There may be a doctor who is closer to you but is not with any of the health plans.

Remember, you must call the Medical Assistance helpline at 1-800-562-3022 if you need to change how you get your health care.

American Indian and Alaska Native health care choices

If you or a family member is an American Indian or Alaska Native, you have three choices in how you get medical care. You can choose:

- 1. Basic Health or Healthy Options managed care health plan**, if one is available in your county, and you get your health care from the doctors and other providers who are part of that plan.
- 2. Primary Care Case Management (PCCM)** at Indian Health Service, Tribal or Urban Indian (I/T/U) clinics. These clinics are listed below.
- 3. Fee-For-Service**, if you want fee-for-service, you can go to any doctor or other provider who will take your DSHS medical ID card and bill DSHS for your care.

Tribe	County	Name of Clinic	Phone Number
Colville	Ferry	Inchelium Health Center	(509) 722-3331
Colville	Okanogan	Colville Indian Health Center	(509) 634-2900
Lower Elwah Klallam	Clallam	Lower Elwah Health Center	(360) 452-6252
Lummi	Whatcom	Lummi Tribal Health Center	(360) 384-0464
Makah	Clallam	Sophie Trettevick Indian Health Center	(360) 645-2233
Nooksack	Whatcom	Nooksack Community Clinic	(360) 966-2106
Port Gamble S’Klallam	Kitsap	Port Gamble S’Klallam Health Center	(360) 297-2840
Puyallup	Pierce	Takopid Health Center	(253) 593-0232
Quileute	Clallam	Quileute Health Center	(360) 374-9035
Quinault	Grays Harbor	Roger Saux Health Center	(360) 276-4405
Shoalwater Bay	Pacific	Shoalwater Bay Tribal Clinic	(360) 267-0119
Spokane	Stevens	David C. Wynecoop Memorial Clinic	(509) 258-4517
Tulalip	Snohomish	Tulalip Tribes Health Center	(425) 651-4511
Urban Indian	King	Seattle Indian Health Board	(206) 324-9360
Urban Indian	Spokane	Native Health of Spokane	(509) 483-7535
Yakama	Yakima	Yakama Indian Health Center	(509) 865-2102